

Meeting Kristoff

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Like clockwork, he shows up for his first follow-up. Day 14. He is already in the room when I get in, sitting there in his usual spot. I still get *just slightly* apprehensive when they come for this visit.

I clean my spectacles. There's a scratch on one edge of the right lens that has started to bother me now. I lean forward in my chair. "Let's take a look, Kristoff. How are we doing today?" Immediately I know things are looking good. "Kids are amazing!" I think to myself. In "real life," as with disease, when they jump back, you sometimes just know that they're back. Relieved beyond measure, my mind is racing through checklists. "Can't miss anything in excitement," I keep reminding myself. There is nothing worse than false hope. Each word is so important. So I go over things one more time. I do it as if it were my own daughter, who is eerily close in age to Kristoff. Everything looks regenerative. I sit back and pause just for a second. How wonderful this is!

Two weeks ago, it hadn't been such an easy call. My pager went off at 11 PM. The laboratory needed me. A patient's peripheral blood smear was showing "other cells." Other cells? That's always good news (not). Kristoff's presentation had been very strange. After transferring from two different hospitals, where they continued treating him for a cold, he had landed with us. As I drove in, the thought kept racing through my mind: was it leukemia? Some of these calls could be very tough. It was now my call. Everything I had trained for, those long nights of working hard and preparing, were going to be called into question. The word "leukemia" would be *my* responsibility. It was late. There were few data to work with. But I made the call.

And just like that, Kristoff's medical record was upgraded to having an acute leukemia. As the nursing staff changed roles that night, Kristoff's parents probably slumped in their chairs with concurrent devastation and hope. Kristoff finally fell asleep after a long few days; by the wee hours of that morning, his bloodstream had life-altering medicine flowing in it. He had a terrible diagnosis, but he was on a path to recovery, all because of three words. Acute. Myeloid. Leukemia. Three words that I had written. A diagnosis I had made.

And today, remission's head was peeking above the horizon and I could rest easy. Fourteen days of waiting. They had been tough, and he had been on my mind often. There was a skip in my step that day. You wouldn't have known why if you had seen me, but it was a good day. That wasn't Kristoff's last visit

to my office. We met several times over the next few months on his path to recovery—a journey that drove him so far into the clear that he didn't need to come back to me at all. What a joy!

But this isn't where this Narrative in Oncology ends. In a way, it's where it *begins*.

A few months later, I was waiting for the elevator one evening. It was very late. My eyes were tired, that strange, hollow tiredness that can be felt at the back of the eyeballs. I closed my eyes and pressed my brow. Strain, I thought. My shoulders ached despite the ergonomic chairs. I cracked my neck. This elevator was taking way too long. Then I heard his name. I turned around. There was no one to be seen. Odd. Our hospital TV screens were the only things making any noise. A man was giving an interview. "Kristoff Garcia's father," it said at the bottom of the screen. I took off my glasses. Kristoff Garcia . . . Kristoff Garcia . . . Oh my goodness, Kristoff Garcia . . . this is my Kristoff. *I know this kid!* I looked around triumphantly, but there was no one to share in my joy. The juxtaposition of his first and last names together had always been intriguing to me. Then my heart sank. Had something happened? I could barely hear the TV. I immediately moved closer.

Mr. Garcia looked very happy. He was sitting back in his chair. He wasn't smiling *per se*, but his face was happy. He was in the midst of an emphatic interview. I couldn't see the interviewer, and only Kristoff's father was visible. He was looking away from me, to the right of the screen. He was a nice young man. A little speckling of white in his dark brown hair. A few crow's feet at the edges of his eyes. As the scene changed, I saw a young, athletic figure. At first I didn't see his face. It was the figure of a tall boy, playing on a field with a ball. My shoulders relaxed. I took off my glasses. And then it came. A close-up of Kristoff Garcia. Just like that. He had a kind face. Short, cropped black hair. He wore glasses. It was so odd to see him on the TV screen. Gentle eyes. They stood out from behind the glasses. A slightly mischievous smile. He was sitting between his parents. He wore a navy-blue tee. His mother was holding his hand. Tightly. They spoke about their experience at our hospital. How he had been diagnosed with a rare type of leukemia, and how it had been an experience of disbelief. I zoned out a little bit. I couldn't really get over it. There he was. I felt like I knew him so well.

Months ago, those terrible blasts were difficult to define, yet they were crowding out his young marrow and replacing all of his normal cells. Two different hospitals had thought that he

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had a viral infection! The very tricky call involved hours of peering into the microscope, and then just days later, after a correct diagnosis and chemotherapy, his normal cells flooded back and made a robust recovery, taking back the helm of the ship.

I was there through it all.

Now his marrow was thriving, and there was not a trace of the blasts that had overtaken it. I knew his name so well. I had read his charts, his labs, his cells, his slides, his flow scatter plots, his cytogenetics, his fluorescence in situ hybridization studies. I had interpreted all of his genetic testing and put together all of his pathology data. I knew it all too well, I did it so many times. I knew the contours of the nuclei in his malignant blasts, with the cup-like invaginations and strange granulation that to the untrained eye didn't look like blasts at all. I knew the confusing neoplastic clone phenotype that bordered on suggesting biphenotypic leukemia. I knew which normal cell line came first, which second, and which third. And yet, I had never seen his face. And now there he was. Kristoff Garcia.

I zoned back in. It was our pediatric hematologists being featured now, then the nurses and other support staff. Pictures of his room, the corridors, the entry door to the clinic, shots of balloons and happy faces. In the interview piece, there were no slides, no stickers with his name on them, no accession numbers, no stains, no chromatin patterns, no flow cytometry lab technicians, no medical laboratory scientists, and no pathologists. His mother was now squeezing his hand very tightly and unable to speak. She was so happy that he was OK. His father wiped away a tear.

Admittedly bittersweet, it was a lovely experience. I wanted to reach into the screen and pat his shoulder. To say hello. And yet it was all so strange. It was strange how much I knew him, or of him.

The segment ended. Our medical center is the best, they said, because we caught a diagnosis that others had missed. Hooray for the right diagnosis! I raised a triumphant fist into the air. Another silent win for pathology and laboratory professionals around the world, I thought. The silent sound of deafening applause. The elevator had come and gone a few times by now. It was time to head home.

Yet again, a skip in my step. *A Narrative in Oncology* from a perspective less thought about—the pathologist—hidden but constantly there, treating each slide as a patient. His spot in my office? Right next to my microscope. His name so familiar to me? From his slides . . . an indefinable patient-physician bond.

Often what drives people to hospitals is the fame of the surgeon or the magnet status of nursing care. Some people are drawn to the hospital's location, others to the ambience of their hospital room. Never have I heard someone consider the expertise of the hospital's pathology department. The pathologist remains one of the unsung heroes in a battle the hospital wins. Hospital administration or physician marketing may see no need to invest in a department that is not "patient facing," but it behooves the clinician and the patient to know where the diagnosis comes from. The interdisciplinary team that made it all possible for Kristoff to welcome his tomorrows had a pathologist in it.

It was a pleasure to finally meet Kristoff. Whether or not he knew it, I had known him since day 1 and always wished him the very best.

Note: Details have been changed to protect the patient's privacy.

DISCLOSURES

The author indicated no financial relationships.